

# Wisconsin Department of Regulation & Licensing

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## PHARMACY EXAMINING BOARD

### CERTIFICATION OF ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SCHOOL AND RETURNED TO THE PHARMACY  
EXAMINING BOARD

#### **Wis. Admin. Code § Phar 17.02(1) Definition**

(1) "Academic internship" means a practical experience program consisting of the practice of pharmacy sponsored by a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

**Wis. Admin. Code § Phar 17.03 Academic internship.** A person participating in an academic internship is not required to register as an intern with the board. There is no restriction in the number or hours earned in an academic internship.

This form may be copied and additional copies submitted if necessary

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#### **APPLICANT - PLEASE COMPLETE THIS SECTION:**

_____	Social Security Number*
Name (First, Middle, Maiden, Last)	_____/_____/_____
_____	Date of Graduation
Address (Street, City, State, Zip)	_____/_____/_____

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#### **ACADEMIC INTERNSHIP CERTIFICATION**

I hereby certify that the applicant has successfully completed \_\_\_\_\_(hours) in a practical experience program consisting of the practice of pharmacy sponsored by this institution.

\_\_\_\_\_  
Signature of Dean or Academic Records Office Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

**SCHOOL SEAL**

\_\_\_\_\_  
City, State, Zip Code

**\*For use in the school locating your records**

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Ch. 450, Stats.